

Note: This is a sample template, it is not an OMB approved form.

### Universal 911 Dialing- First Transition Report

Please read instructions before completing

#### Section 1

##### Carrier Identification Information

Parent Company Name  
Unicom, Inc.

Service Provider Name  
Unicom, Inc.

Company Address, City, State, Zip  
5450 A Street  
Anchorage, Alaska 99518

Service Provider Type  
Wireless

Name(s) of Wireless License Holder(s)  
Unicom, Inc.

Contact Name  
Chuck Russell

Contact Tel #  
907-273-5217

Fax #  
907-563-3185

E-mail Address  
crussell@uui-alaska.com

#### Section 2

##### Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Wade Hampton, Alaska FIPS Code 02270

Note: There are no "counties" in Alaska. As near as can be determined Unicom's wireless service is within the Wade Hampton census area.

##### Communities served:

Alakanuk	Hooper Bay
Aniak	Kipnuk
Bethel	Kotlik
Chevak	Mountain Village
Chuathbaluk	Quinhagak
Emmonak	St. Mary's
Gambell	Savoonga
Togiak	Toksook Bay
Tununak	

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

Alakanuk		Hooper Bay	Hooper Bay Police Department
Aniak	City of Aniak	Kipnuk	
Bethel	Bethel Police Department	Kotlik	
Chevak		Mountain Village	
Chuathbaluk		Quinhagak	
Emmonak		St. Mary's	St. Mary's Police Department
Gambell		Savoonga	
Togiak		Toksook Bay	
Tununak			

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

For all communities except Bethel, Hooper Bay and St. Mary's, Unicom has contacted the Department of Public Safety, State of Alaska to determine if the State has established or will be establishing a statewide default number to which 911 calls may be routed. At Aniak and Chuathbaluk, Unicom is in the process of contacting the City of Aniak regarding the routing of 911 calls to the City.

In addition to the absence of local law enforcement agencies in the communities, the FCC should be aware that in the event 911 calls are routed over interexchange carriers to law enforcement, no mechanism exists at this time to recover the costs of those calls.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

Alakanuk	Awaiting State advice	Hooper Bay	Currently serving
Aniak	Awaiting advice city	Kipnuk	Awaiting State advice
Bethel	Currently serving	Kotlik	Awaiting State advice
Chevak	Awaiting State advice	Mountain Village	Awaiting State advice
Chuathbaluk	Awaiting State advice	Quinhagak	Awaiting State advice
Emmonak	Awaiting State advice	St. Mary's	Currently serving
Gambell	Awaiting State advice	Savoonga	Awaiting State advice
Togiak	Awaiting State advice	Toksook Bay	Awaiting State advice
Tununak	Awaiting State advice		

### Section 3

#### 911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

Most of the communities served by Unicom do not have local law enforcement but rely on law enforcement services of the Alaska Department of Public Safety.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

Unicom has placed three calls to the State to discuss this issue and will continue contact until an answer on this issue is obtained.

Section 4

Certification - To be signed by an authorized representative of the reporting entity

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I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of \_\_\_\_\_.

Signature

Printed name of authorized representative Steve Hamlen

Title President and CEO

Date March 28, 2002

This filing is: ☐ original filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER  
TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.